

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G700		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/03/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 7318 ARKANSAS AVE HAMMOND, IN 46323			
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W0000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: January 30, 31, and February 1, 2 and 3, 2012.</p> <p>Facility number: 003148 Provider number: 15G700 AIM number: 200360500</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 2/16/2012 by Dotty Walton, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed for 2 of 2 sampled clients (#1 and #2), and 2 additional clients (#3 and #4) living at the group home, to exercise general operating direction in a manner to ensure routine maintenance was completed.</p> <p>Findings include:</p> <p>A morning observation was conducted on 1/30/12 from 6:00 A.M. until 8:15 A.M.. Upon entering the back sitting room of clients #1, #2, #3 and #4's home, the patio door's vertical blinds were observed to have 3 missing slats. The blinds were observed to have two dark brown slats, 2 off white slats and the remainder were white slats all of different textures.</p> <p>An interview with Direct Support Professionals (DSP) #1 was conducted on 1/30/12 at 6:15 A.M.. DSP #1 indicated vertical blinds had been missing the slats for over two months.</p> <p>An interview with the Area Manager (AM) was conducted on 2/3/12 at 12:20 P.M.. The AM indicated the vertical blinds needed to be replaced and the facility just put extra pieces up. No</p>	W0104	<p>The Area Manager will have the blinds repaired within the next 30 days. The Area Manager will retrain DSPs on maintenance reporting within 30 days. Maintenance will repair all damaged areas/items within the next 30 days. 2/21/12 To ensure future compliance the Property Director, Maintenance crew, Area Manager, and staff will monitor the condition of the home monthly and notify the appropriate persons of any changes. The Property Director, Maintenance crew, Area Manager, and staff will monitor the home periodically thereafter.</p>		02/21/2012		

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	further documentation was available for review to indicate when the vertical blinds would be repaired/replaced. 9-3-1(a)						

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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 4 incidents, involving 4 of 4 clients (clients #1, #2, #3 and #4), the facility failed to provide written evidence a thorough investigation was conducted.</p> <p>Findings include:</p> <p>A request for all investigation records for this group home was made on 1/30/12 at 1:35 P.M.. Service Coordinator (SC) #1 stated "There are no investigations for this group home."</p> <p>A review of the facility's internal incident/accident reports was conducted at the facility's administrative office on 1/30/12 at 1:55 P.M.. Review of the facility's incident/accident reports indicated:</p> <p>Incident dated 8/19/11: "When I arrived to work around 3:50 P.M., the alarm had not been set. Found a note on desk implying that someone had been in the house. When lead arrived around 4:30 P.M. the note was shown to her. We found out later that clients (sic) money (dollars) was missing." Further review of the report indicated an attached typed letter which indicated: "Staff, Get your</p>	W0154	<p>Behavioral Health Director will review investigation requirements of abuse, neglect and exploitation of clients with Service Coordinator. Service Coordinator will review all incidents reported to determine the need for investigation. 2/21/2012</p> <p>To ensure future compliance, the Service Coordinator, with the assistance of the Health and Safety Director, will review all incident reports for this facility for one month to assess need for investigation and at least monthly thereafter.</p>		02/21/2012		

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	<p>locks changed cause i'm (sic) the old worker whose (sic) always in your house taking items while the house is empty. I still has (sic) a key and I see your alarm code is still the same. I got fired but i'm (sic) back...Thanks for everything...Old Worker." No written documentation was available for review to indicate the facility had conducted a thorough investigation of the incident.</p> <p>A second request for any investigation records was made on 1/30/12 at 2:15 P.M.. SC #1 stated "I will check again." SC #1 came back and stated "There were no investigations for this group home."</p> <p>An interview with the SC #2 was conducted at the facility's administrative office on 2/3/12 at 12:30 P.M.. SC #2 indicated there was no investigation conducted in regards to the above mentioned incident. No further written documentation was available for review to indicate a thorough investigation was conducted.</p> <p>9-3-2(a)</p>						

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W0207	<p>Appropriate facility staff must participate in interdisciplinary team meetings.</p> <p>Based on record review and interview, the facility failed for 2 of 2 sampled clients (#1 and #2), and 1 additional client (#4), to ensure nursing staff participated in the annual Individual Support Plan (ISP) meetings.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 1/31/12 at 9:55 A.M.. Review of client #1's ISP dated 9/12/12 indicated: "Will identify her medication by color." The client's diagnoses included, but were not limited to, "Psychiatric disorder, GERD (Gastro Esophageal Reflux Disorder), Tachycardia, seizure disorder." The ISP did not indicate nursing staff's attendance/participation.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 1/31/12 at 10:55 A.M.. Review of client #2's ISP dated 9/19/11 indicated: "Will learn to self administer her medications." The client's diagnoses included, but were not limited to, "Cerebral Palsy, Hypertension, Arthritis, Tachycardia, sensitivity to seasonal pollens." The ISP did not indicate nursing staff's attendance/participation.</p>		W0207	Assigned nurse will attend scheduled annual meeting for the consumer. If the nurse is unable to attend another nurse will attend in her/his place. 2/28/12		02/28/2012	

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	<p>A review of client #4's record was conducted at the facility's administrative office on 1/31/12 at 12:26 P.M.. Review of client #4's ISP dated 8/10/11 indicated: "Will continue to state information about her medications." The client's diagnoses included, but were not limited to, "Seizure disorder, Seasonal allergies, Dermatitis." The ISP did not indicate nursing staff's attendance/participation.</p> <p>An interview with the Director of Health Services (DHS) was conducted on 2/3/12 at 11:35 A.M.. The DHS indicated nursing staff should participate in the annual ISP meetings.</p> <p>9-3-4(a)</p>						

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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed 2 of 2 sampled clients (#1 and #2), and 1 additional client (#4), to implement written objectives during times of training opportunities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/30/12 from 6:00 A.M. until 8:15 AM. At 7:00 A.M., Direct Support Professional (DSP) #1 administered client #1's medication. DSP #1 popped each of client #1's medications onto client #1's hands and instructed client #1 to take her medications. Client #1 did not identify her medications by color. At 7:20 A.M., DSP #1 administered client #4's medications. DSP #1 popped out each of client #4's medications onto client #4's hand and instructed client #4 to take her medications. Client #4 did not state information about her medications. At 7:30 A.M., DSP #1 administered client #2's medications. DSP #1 popped each of</p>		W0249	<p>The Service Coordinator will retrain DSPs on implementation of objectives and document training. 2/21/2012 To ensure future compliance, the Service Coordinator will observe implementation of the program objectives at least bi-monthly for three months and at least monthly thereafter.</p>		02/21/2012	

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	<p>client #2's medications onto a paper towel and instructed client #2 to take her medications. Client #2 did not prepare or learn to administer her medications.</p> <p>A review of client #1's record was conducted on 1/31/12 at 9:55 A.M.. The Individual Support Plan (ISP) dated 9/12/11 indicated: "Will identify her medication by color."</p> <p>A review of client #2's record was conducted on 1/31/12 at 10:55 A.M.. A review of client #2's ISP dated 9/19/11 indicated: "Will prepare and learn to administer her medications."</p> <p>A review of client #4's record was conducted on 1/31/12 at 12:26 P.M.. The ISP dated 8/10/11 indicated: "Will continue to state information about her medications."</p> <p>The Service Coordinator (SC) was interviewed on 2/3/12 at 12:35 P.M.. The SC indicated active treatment should be ongoing and training objectives should be implemented at all times of opportunity.</p> <p>9-3-4(a)</p>						

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W0323	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #2) to provide an annual hearing and vision evaluation/assessment.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 1/31/12 at 10:55 A.M.. Client #2's record indicated a most current hearing evaluation dated 12/8/09 and a most current vision evaluation dated 12/15/10. The record further indicated a most current physical dated 8/5/11 which failed to indicate a hearing and vision evaluation/assessment had been completed. Client #2's record did not contain evidence of an annual hearing and vision evaluation/assessment.</p> <p>The Director of Health Services (DHS) was interviewed on 2/3/12 at 11:45 A.M.. The DHS indicated there was no evidence of an annual evaluation/assessment of client #2's hearing and vision.</p> <p>9-3-6(a)</p>		W0323	<p>To ensure recommended health services occur nursing staff will be retrained on the implementation of providing timely and adequate nursing services for all of our clients. To ensure future compliance, the Community Service Nurses will review policy during weekly meetings with the Health and Safety Director.</p>		02/29/2012	

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W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 17 medications administered, to 1 of 3 clients observed during the medication administration (client #1), to ensure staff administered the client's medications, as ordered and without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/30/12 from 6:00 A.M. until 8:15 A.M.. At 7:00 A.M., Direct Support Professional (DSP) #1 administered client #3's prescribed medications. DSP #1 popped each of client #1's medications onto client #1's hands, and instructed client #1 to take her medications with a cup of water. At 7:05 A.M., a review of the medication punch card and Medication Administration Record dated 1/12 indicated: "Metoprolol Tart 25 mg (milligrams) (blood pressure)...1 tablet orally two times a day...Take with or immediately after food/meal." At 8:00 A.M., client #1 was observed to eat her breakfast. Client #1 did not take her medication with or immediately after food/meal.</p> <p>An interview with the facility's Director</p>		W0369	<p>Community Service Nurse will retrain DSPs on proper medication administration, in accordance with physicians' orders. 2/29/2012</p> <p>To monitor for continued compliance, an Area Manager, QMRP, or Community Services nurse will do monthly observations and review Medication Administration records at least quarterly thereafter.</p>		02/29/2012	

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	<p>of Health Services (DHS) was conducted at the facility's administrative office on 2/3/12 at 11:45 A.M.. The DHS indicated client #1 should have taken her medication with food. The DHS further indicated staff should have followed the directions on the label.</p> <p>9-3-6(a)</p>						

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W0436	<p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, for 1 of 2 sampled clients who wore eyeglasses (client #2), the facility failed to encourage and teach client #2 to wear her eyeglasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/30/12 from 6:00 A.M. until 8:15 A.M.. During the entire observation period client #2 did not wear her prescribed eyeglasses. Client #2 was not prompted by staff to wear her eyeglasses.</p> <p>A facility owned day program observation was conducted on 1/30/12 from 10:25 A.M. until 12:15 P.M.. From 11:00 A.M. until 11:30 A.M. client #2 was observed in the workshop doing piece work. Client #2 was observed during the entire observation period not wearing eyeglasses. Client #2 was not prompted by staff to wear her prescribed eyeglasses.</p> <p>An evening observation was conducted at the group home on 1/30/12 from 5:00</p>	W0436	<p>Service Coordinator will retrain DSPs to teach clients to use and make informed decisions about the use of adaptive equipment. 2/29/2012</p> <p>To ensure future compliance the Service Coordinator will make random visits at least monthly for three months and periodically thereafter.</p>		02/29/2012		

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	<p>P.M. until 7:30 P.M.. During the entire observation period client #2 did not wear her prescribed eyeglasses. Client #2 was not prompted by staff to wear her prescribed eyeglasses</p> <p>A review of client #2's record was conducted on 1/31/12 at 10:55 A.M.. Review of client #2's most current vision exam dated 12/15/10 indicated: "Astigmatism...prescription for glasses." Review of client #2's most current physical dated 8/5/11 indicated she wore eyeglasses." Review of client #2's Individual Support Plan dated 9/19/11 indicated: "Will learn to clean her eyeglasses with minimal assistance."</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 2/3/12 at 12:45 P.M.. The SC indicated client #2 wore eyeglasses. When asked if staff should encourage and teach client #2 to wear her prescribed eyeglasses, the SC stated "yes."</p> <p>9-3-7(a)</p>						

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W0455	<p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration, for 1 of 1 client (client #1), whose oral medications were popped out of the containers onto the client's bare hands.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/30/12 from 6:00 A.M. until 8:15 A.M.. At 6:15 A.M., client #1 entered into the back sitting area and sat looking around. At 7:00 A.M., Direct Support Professional (DSP) #1 prompted client #1 to come to the desk and began administering client #1's medications. DSP #1 popped each of client #1's medications onto client #1's bare hands and then instructed client #1 to take her medications. Client #1 did not wash her hands prior to DSP #1 popping her medications onto her bare hands.</p> <p>An interview with the Director of Health Services (DHS) was conducted on 2/3/12 at 11:45 A.M.. The DHS indicated DSP #1 should have prompted client #1 to wash her hands prior to administering</p>	W0455	<p>The Community Services Nurse will retrain DSPs on infection control and the need for washing hands prior to taking medications. Community Service Nurse will retrain staff on Universal Precautions and Infection Control through hand washing. 2/29/2012 To ensure future compliance, the Service Coordinator or Community Services Nurse will observe hand washing at the group home bi-times monthly for two consecutive months and at least monthly thereafter.</p>	02/29/2012			

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	<p>client #1's medications.</p> <p>9-3-7(a)</p>						

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W0488	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 sampled clients (#1 and #2), and 1 additional client (#3) observed eating breakfast, served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/30/12 from 6:00 A.M. until 8:15 A.M.. At 7:55 A.M., clients #1 and #2 sat at the dining table as client #4 went around the table and poured cereal into each client's bowl. Client #4 then went around the table and poured juice into each client's cup. At 8:00 A.M., clients #1 and #2 began eating breakfast. At 8:10 A.M., client #3 entered into the room and began eating her breakfast. Clients #1, #2 and #3 did not serve themselves during this meal.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 2/3/12 at 12:45 P.M.. The SC indicated the clients were capable of serving themselves and further indicated they should serve themselves at meal times.</p> <p>9-3-8(a)</p>		W0488	<p>The service coordinator will train the DSPs on dinning and active treatment for client self serving meals.</p> <p>To ensure compliance the service coordinator will observe a meal bi monthly for 5 months and monthly their after.</p>		02/28/2012	

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